

Incident Exposure Report

Appendix J1 (Revision 7/18/2000) of the Swannanoa Fire Department SOG *Side 1 of 2*

Hazardous Material Exposure Infectious Disease Exposure

Incident #		Date	
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Name		DOB		SS#	
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Person in Charge of Incident	
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Other personnel affected				

Location of Exposure (<i>Address or physical location</i>)

Description of how exposure occurred

Type of Exposure	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Injection	<input type="checkbox"/> Absorption
Material exposed to				
Duration of Exposure				
Symptoms (If Any)				
Treatment on scene				
Treatment at Medical Facility				

Decontamination Procedures Used	

Personal Protective Equipment Used during incident	

Date the Exposure was confirmed by Medical Facility		Name of Medical Source	
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Follow-Up Examinations, Procedures and Time Frame Description

Expected Release Date	
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Treatment Log After Exposure		
Date	Description of Treatment	By who and Where?

Expected Release Date		By	
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SAFETY OFFICER COMMENTS _____

SAFETY OFFICER _____ DATE _____

CHIEF OFFICER _____ DATE _____